

**Department of Health and Mental Hygiene
Office of Health Care Quality
Carol Benner, Director**

Overview / FY 2004

The mission of the Office of Health Care Quality is to improve quality of care in Maryland's health care facilities and residential programs through

- 1) Development of performance standards,**
- 2) Regulation to determine compliance,**
- 3) Education to ensure that providers know and understand the standards,**
- 4) Responsiveness to the public, and**
- 5) Participation and initiation of projects to improve quality.**

Accomplishments based on OHCQ Mission

Development of performance standards

- Began evaluation of assisted living regulations. Proposed regulations for posting of survey results, marketing of Alzheimer's Units, and upgrading medication administration.
- Developed regulations for paid feeding assistants in nursing homes.
- Completed patient safety regulations which will strengthen internal hospital patient safety programs (effective March 15, 2004).
- Completed credentialing regulations for physicians working during a disaster (effective March 15, 2004)
- Completed notice regulations that require nursing homes to disclose to families whenever an adverse event occurs (effective January 5, 2004)

Regulation

- Completed 98% of Federal work requirements. Three nursing home surveys and one home health agency survey were completed outside of statutory requirements. Because of cost containment initiatives, there is a delay in responding to consumer complaints that alleged actual harm.
- Continued enforcement efforts in group homes for the elderly and developmentally disabled.
- Imposed 28 fines (22 State; 6 Federal) for poor performance in nursing homes.
- Closed 14 assisted living homes for poor performance.

Education

- Worked with a variety of trade associations and other external groups to increase provider education. Completed more than 100 programs with nursing homes, assisted living programs, home health agencies, hospice, laboratories, ambulatory surgery centers and others.

- Continued Clinical Alerts to educate providers about current issues in patient care and safety.

Responsiveness to the Public

- Continued and enhanced OHCQ website which is regularly used by both providers and the public as a primary source of information.
- Responded to more than 2000 consumer complaints.

Participation in Efforts to Improve Quality

- Continued Family Council Project authorized by OHCQ and funded by civil money penalty funds. The project is conducted in collaboration with the National Citizens Coalition for Nursing Home Reform (NCCNHR).
- Began Wellspring project with Lifespan to improve workforce and quality.

FY 2005 Budget

- The budget allowance for FY 2005 is \$13,958,354 (\$8.5 million in General funds, \$ 4.8 million in Federal funds, \$.6 million in Special funds).

Issues facing OHCQ

- With the current budget reality, the major issue and challenge facing OHCQ is the ability to get its work done. Since 1996, the workload in OHCQ has increased 230% while the staff has increased by less than 45%.

Plans for FY 2005

- Continued work with Wellspring.
- Continued efforts to improve quality of care in Maryland's nursing homes.
- Implementation of Hospital Patient Safety regulations.
- Implementation of database for community residential program survey process.

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Responses to Issues

Issue 1: Implementation of “Vera’s Law”

OHCQ should be prepared to discuss the utilization of electronic surveillance and how electronic surveillance may change the way it does surveys, especially complaint investigations.

During the 2003 Legislative Session, the Maryland General Assembly passed House Bill 149 entitled “Vera’s Law” which charged the Department with developing guidelines for nursing homes that elect to use electronic monitoring with the consent of a resident, or the legal representative of a resident. The Department brought together representatives from the industry and the legal community to assist it in this endeavor.

The guidelines are a general resource tool for facilities that voluntarily elect to use electronic monitoring at the request of a resident and with the consent of a resident’s roommate. Facilities are encouraged to use the guidelines to develop their own policies and procedures that suit their individual facility needs. There are certain elements of the guidelines, however, particularly those related to privacy and consent that are mandatory.

The utilization of electronic monitoring by health care facilities will not alter the way in which the Office of Health Care Quality manages its complaint investigation process. The complaint investigation process by OHCQ surveyors is the same regardless of whether or not a facility utilizes an electronic monitoring system.

Issue 2: Data Collection

The Department of Legislative Services recommends that OHCQ collect labor-hour data for all inspections. This data could be collected by the position classifications, type of facility inspected, and type of inspection. This data could then be used to determine OHCQ’s specific workforce needs and identify problems in need of management attention.

The Office of Health Care Quality recognizes the importance to collect labor-hour data for all of its survey activities and OHCQ agrees that the data is beneficial in determining its workforce needs and identifying problems that require management attention. Currently, the OHCQ collects this data for its

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Responses to Issues

federal survey activities and has begun to collect it for the State survey activities as well. The OHCQ is prepared to send this information to the appropriate legislative committees by March 15, 2004 and therefore respectfully requests that the recommendation for a special report be deleted.

Issue 3: De-institutionalization of the Elderly

OHCQ should comment and discuss how it envisions its function and regulatory role for the de-institutionalized elderly and care providers.

Annually, the Medicaid Program spends approximately 30 percent of its budget on the 4 percent of its enrollees who receive long term care services. The Department is seeking less costly alternatives to nursing home care. As these programs are developed, the Department will establish appropriate quality assurance and improvement mechanisms. OHCQ will continue its regulatory activities in nursing homes, assisted living and adult medical day care.

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Responses to Recommended Actions

Recommendation 1:

Reduce office supplies expenses by \$5,132 to reflect historical growth rates.

The Department agrees with this recommendation.

Recommendation 2:

Reduce car maintenance expenses by \$1,975.

The Department agrees with this recommendation.

Recommendation 3:

Adopt Labor-Hour Study narrative requesting that the Office of Health Care Quality conduct a comprehensive study of labor-hours required to conduct a survey, delineated by facility type, and then make an assessment of the office's labor needs.

The Office of Health Care Quality recognizes the importance to collect labor-hour data for all of its survey activities and OHCQ agrees that the data is beneficial in determining its workforce needs and identifying problems that require management attention. Currently, the OHCQ collects this data for its federal survey activities and has begun to collect it for the State survey activities as well. The OHCQ is prepared to send this information to the appropriate legislative committees by March 15, 2004 and therefore respectfully requests that the recommendation for a special report be deleted.